

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037311

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 524

Primary Registration District No. 6084 Registrar's No. 196

FILED OCT 8 1962

## 1. PLACE OF DEATH

a. COUNTY

Saline

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Blackwater Township

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR on highway 40  
INSTITUTION 7 Miles E Marshall junction

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE ~~Missouri~~

COUNTY Jackson

admission)

c. CITY OR TOWN Richards-Gebaur

AFB, Missouri

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

William Edwin Pike

## 4. DATE OF DEATH

Month

Day

Year

10 5 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

2-18-1936 26

## 9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

USAF

## 10b. KIND OF BUSINESS OR INDUSTRY

Unknown

## 11. BIRTHPLACE (City and state or country)

USA

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

Unknown

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Unknown

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

USAF ~~known~~

## 17. INFORMANT

Address

ID card and Driver ~~known~~ License

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Broken neck

## INTERVAL BETWEEN ONSET AND DEATH

15 MIN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☒SUICIDE ☐HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

9:45

p.m.

10-5-62

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

7 M-E-MARSHALL Jct

## 20f. CITY, TOWN, OR LOCATION

BLACKWATER TOWNSHIP SALINE

COUNTY

STATE

Mo

## 21. I attended the deceased from

MADE INVESTIGATION No. 10-6-1962

and last saw him alive on

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

(Degree or title)

J. H. Housley M.D. Coroner Saline Co

## 22b. ADDRESS

Marshall, Missouri

## 22c. DATE SIGNED

10-6-1962

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

10-6-1962

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

Lee's Summit, Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Langsford Funeral Home Lee's Summit

## 25. DATE RECD. BY LOCAL REG.

Oct. 6 '62

## 26. REGISTRAR'S SIGNATURE

Cecil G. Read

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

OCT 24 1962

OCT 25 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Jack M. Reese*

Licensed Embalmer No. 4643

P. O. Address

*Marshall, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.